2 should OCCUPATION PHYSICIANS RECORD 0 statement PERMANENT Exact classified. K pe O THIS properly AC ed. pe UNFADING ddns may certificate. that 20 o pe back terms. should plain Instructions Informati 2 DEATH o Item OF Every Item CAUSE OF Important. m ż

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH allegan Registration Dist. No. If death occurred in a hospital or Institution, give Its NAME Instead ot street and number. I as PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Secondary (Doration) 10 NAME OF FATHER 11 BIRTHPLACE , 191.4. (Address) Laund Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. PARE 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS. 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, mos. Where was disease contracted. 14 THE ABOVE IS TRUE REST OF If not at place of death?. Former or usual residence REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS REGISTRAR

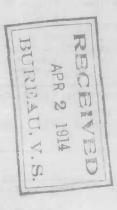
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Reguesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

eated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons the second engineer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite synouym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ete., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (seeondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) the head Never report



MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully aupplied. AGE should be stated EXACTLY. PHYSICIANS should atate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 2201 County allegany Village or City functulard (No. Incl.) FULL NAME	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If deeth occurred le a hospital or lostitulloo, give lts. HAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINOLE, MARRIED, WIDOWED, OR DIVORCES (Write the word)	(Month) (Day) (Year)
Month (Day) (Year)	that I last saw h alive on 191
AGE If LESS than f day,hrs. ORmin. ?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmeof in which employed (or employer) BIRTHPLACE (State or country) Palet or country)	(Doration) yrs mos ds. Gontributory Aforted why have (Secondary) (Doration) yrs mos ds.
10 NAME OF FATHER W. R. Albught 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 Alufur	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Interment) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or osual residence.
6 MAR = 71914 # Schausphin REGISTRAR	Place of Burial or REMOVAL DATE OF BURIAL Rose Hill Errerty Dranch 2, 1914 20 UNDERTAKER ADDRESS Erroberland
If more blanks are needed, address State Regis fran	6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

cause. Always qualify all diseases resulting from mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purperal septichaeetc., when a definite disease can be ascertained as the ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) cause of death approved by Committee on Nomencia. "Contributory." scpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acolsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Seniie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronio The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head Examples:



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state

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

KeRisti ation	DISC.	NO
		F14 .4 45

....Ward)

[if death occurred la a hospital or institution.

give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 1915 WIDDWED. (Month) (Year) (Write the word) (Dav I HEREBY CERTIFY, That I sttended decessed from DATE OF BIRTH Mulmonn (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) Deneral nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At piace OF MOTHER (State or country) State _____ yrs. ___ mos. _ yrs, mos. Where was disease contracted. TO THE BEST If not at place of death?. Former or (Informant) usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborerstatement. who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 2 1914
BUREAU. V.S.

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PHYSICIANS

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OCCUPATION

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in Village or City St.:----Ward) a hospitel or institution, give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RAGE MARRIED, WIDOWED. (Year) (Month) (Day OROIVORCEO (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH to .. (Month) (Day (Year) 7 AGE If LESS than and that desth occurred on the date stated shove. 1 day,....hrs. OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duratioo) which employed (or employer) Contributory. BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) yrs. mos. ds. State yrs. mos. Where was disease contracted. TRUE TO BEST OF MY KNOWLEDGE If not at place of death? Former or (Interment) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

pneumonia"); time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonla," "Croup";) term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitis"); Typhoid fever (never Loba: pneumonia; Bronchopneumonia unqualified. is indefinite): Tuberen-Diphtheria report "Typhoid (avoid usc

> eause of death approved by Committee on Nomenela-"Contributory." mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae mis," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma." "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. For vio etc., when a definite disease can be ascertained as the genital." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," State cause for "Exhaustion," Never report



1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH should Is Registration Dist, No.... OCCUPATION PHYSICIANS Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY. 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO, WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH March 1914 to March classified. 4 (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH # was as follows: OR 7mos......mos..... properly BOCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of industry, UNFADING business, or establishment Im may (Duration) which employed (or employer) certificate. Contributory / AM BIRTHPLACE Secondary (State or country) that 10 NAME OF (Signed 80 10 back terms. 11 BIRTHPLACE ENT pinous OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 60 PARI 12 MAIDEN NAME plain Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Ë At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ EATH State _____ yrs. ____ mos. ___ ds Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? --50 0 Former or item OF Every item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVA DATE OF BURIAL 20 UNDERTAKER ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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No. 1.

V. S.

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	*201	
	PLACE OF DEATH 2205	STATE OF MARYLAND
	000-	CERTIFICATE OF DEATH
Cou	inty Addition	3
	in a land of the	Registration Dist, No.
Viu	exer City Current Erlace (No. 110	lolomae St.; Ward) [It death occurred in a hospital or institution,
	Oak 1 D	give its NAME instead
10.1	FULL NAME Ella Y. Bay	ot street and nomber.]
	-FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 3 5	MARRIED,	16 DATE OF DEATH March 8 1914
-/	emale White (milowed) Madow	(Month) (Day (Year)
		17 1 HEREBY CERTIFY, That I ettended decessed from
· D)	June 7 1836	13, 191 4, to Mack 5, 191 4,
	(Month) (Day (Year)	that I lest saw held silve on Mach & 1914
TAC		and that death occurred on the date stated above, at V Pm.
	77 9 1 day,hrs.	The CAUSE OF DEATH* wes es follows:
80	with the second	
(2)	Trade, protession, or	delilation heart
	ticular kind of work.	Profession Designation
bus	ness, or establishment in	(Ouration) / yrs mos ds.
_	ch employed (or employer)	Contributory
- 81	RTHPLACE (State or country.)	Secondary
	10 NAME OF A	(Ooration) yrs mos s.
Ш	FATHER Colon Last w	(STETTER) Deutsdoll , M. O.
S	11 BIRTHALACE	Murch Y, 191 4 (Address) Cumberland Des
Z	OFFATHER (State or country)	
ARENTS	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
4	of Mother Casey	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER	Af place In the
	(State or country)	ot death yrs mos ds. State yrs, mos ds Where was disease contracted.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
((Interment) Mary Mulley	Former or usual residence
	(Address) Jo Pular Caul M.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address) Of Child The My	French S. + IN 210 Men 18 101 4
	MAR 101914. Got Brown, New	720 UNDERTAKER ADDRESS #
FI	Leau REGISTRAR	Louis Sterre Cet

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY, and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal, septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," / "Exhaustion," "Heart failure," "Haemorrhage," "Inaution," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway_train-aecimia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very properly classified. may be See Instructions on back of certificate.

stated EXACTLY. AGE should of information should be

RECORD CAUSE OF Important. 2206

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist, No.

St.;

[If death occurred in a hospital or institution, give ifs NAME insfead of sfreef and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
MARRIED, MARRIED, ORDIVORCED (Write the word)		2/ ,1914 (Day (Year)
Oug / 1874	that I last saw has allve on 2	The second secon
7 AGE If LESS fhan 1 day,	and that desth occurred on the date state. The CAUSE OF DEATH* was as follows	
(a) Trade, profession, or Merchant parficular kind of work	VERMICIONS (B)	enema
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)	yrsds.
State or country)	Contributory Secondary	
10 NAME OF FATHER CALLOS Connaly	(Signed) (Signed) (Address) (Address)	yrs mos os.
(State or country) 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, In deaths from VIOLENT and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) Description	18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS) Af place In the of death yrs. mos. ds. Sfat	
(Informant)	Where was disease contracted, if nof at place of death? Former or usual residence	
(Address) Colchest Mut	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed 191	20 UNDERTAKER	ADDRESS 9

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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"mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases' resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 2 1914

BUREAU, V.S.

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Very state should 10 PHYSICIANS shou RECORD statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH classified. 4 (Month) (Day (Year) ۵ 7 AGE If LESS than should 1 day,hrs. OR 7 properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of Industry. UNFADING business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary that 10 NAME OF 80 50 pe back terms. 11 BIRTHPLACE Z pinous OF FATHER (State or country) ARE 12 MAIDEN NAME piain Instructions OF MOTHER Information OR RECENT RESIDENTA = 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. DEATH Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY_KNOWLEDGE If not at place of death? ... 0 Former or Item OF Every Item CAUSE OF Important. osual residence (Address).... 15 20 UNDERTANER m ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

It death occurred in

a hospital or institution. give its NAME instead of street and number.]

(Month) (Day I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at... The CAUSE OF DEATH * was as follows: nemmer (Duration) / *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. In the State _____ yrs, ____ mos. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cated thus: gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or fudustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (3)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lests of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; ture of the American Mcdical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inauition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopncumonia (secondary), 10 ds. Never report affection necd not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) For VIO-

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APR 4 1914
BUREAU, V.S.

Very si NOI OCCUPATION PHYSICIANS RECORD 0 PERMANENT UNFADING 80 0 back uo plain See Instructions Information DEATH 0 OF important. Every

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred toWard) a hospital or Institution. give its NAME lostead of street and comber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, S 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day ORDIVORCED (Write the word) (Year) (Month) (Day (Year) TAGE If LESS than t dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ___ mos. __ State ___ Where was disease contracted. If not at place of death?... Former or usual residence REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed

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REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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OCCUPATION PHYSICIANS RECORD 0 statement PERMANENT BINDING classified. U properly AC ERVED supplied. ADING may = CNF that MARGIN WITH pino plain Information = See Instr WRITE 0 Hem E OF Every item CAUSE OF Important.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred in a hospital or institution. give its NAME lostead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 STWELT, 3 SEX 4 COLOR OR RACE MARRIED, MA WIDOWED, (Month) ORDIVORCED 17 I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) Tear) 7 AGE If LESS than and that death occurred on the date stated above, at 10 du 4 m 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION & . (a) Frade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment to (Buration) which employed (or employer) -----Contributor 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, ____ mos. ds. Where was disease contracted. TRUE TO THE BEST OF If not at place of death?. Former or usual residence 19 PLACE OF BURIAL, OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Dr Jd Wilson STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH shoul Registration Dist. No. OCCUPATION Ilt death occurred in ..St:.....Ward) a hospital or Institution. RECORD give its NAME instead Enderick Brown ot street and number.1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement ENT 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, JE WIDOWED. (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from Exact OF BIRTH classified. (Day) (Year) (Month) it LESS than 7 AGE and that death occurred on the date stated above, at. 1 day, brs. The CAUSE OF DEATH * was as follows: roperly BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) = that 10 NAME OF FATHER of back 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS of information DEATH in plai OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs mos ... Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or 9 usual residence CAUSE OF important. 19 PLACE OF BURIAL DATE OF BURIAL 16 20 UNDERTAKER 00 œ. REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, elc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclature of the American Medicai Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purreman septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Conampie: Measles (disease causing mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mallg oma, Sarcoma, etc., of . The contributory (secondary or intercurrent (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples:



BINDING ED ERV Œ MARGIN

> No. 20

state Very pinons OCCUPATION PHYSICIANS RECORD ö PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. S SINGLE. COLOR OR RACE MARRIED, WIDOWED, (Write the word) 6 DATE OF BIRTH 3 classified. 4 (Month) (Day) (Year) If LESS than 2 TAGE pino 1 day, hrs. -THIS OR min. ? mos. ds. properly AGE 8 OCCUPATION (a) Trade, profession, or X particular kind of work supplied. (b) General nature of Industry, be UNFADING business, or establishment in may which employed (or employer) carefully su that it ma f certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 of WITH pe back PARENTS 11 BIRTHPLACE terms, OF FATHER (State or country should 12 MAIDEN NAME PLAINLY of information s DEATH in plain See instructions In plain OF MOTHER 13 BIRTHPLACE OF MOTHER WRITE 14THE ABOVE IS TH Item OF CAUSE OF Important. (Address) 15 00 REGISTRAR z

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

MEDICAL	L CERTIFICATE O	F DEATH	
18 DATE OF DEATH	March.	(Day)	, 1912
al acolf	Y CERTIFY, That	l attended dec	eased from
fich- 18th.	1914, to Me	//	1914
that I last saw house a		8 Cti	, 191_9
and that death occurred		above, at	Pn
The CAUSE OF DEATH	6/	Sene	nank
a half	noullis	0	*************
••••	(Duration)	yrsп	108
Contributory(Secondary)	***************************************		• • • • • • • • • • • • • • • • • • • •
	(Duration)	утяп	nosd
(Signed) 1202 Mish 220, 191 4	(Address) Lieda	itsen &	Me.
*State the DISEASE (CAUSES, state (1) MEATAL, SUICIDAL, or HOM	AUSING DEATH, OF, INS OF INJURY; an ICIDAL.	in deaths from d (2) whether	n VIOLENT
18 LENGTH OF RESIDENTS	CE (FOR HOSPITALS	. INSTITUTIONS,	TRANSIENT
At place of death yrs mos	In the	yrs,	mae a
Where was disease contracted if not at place of death?		J104 passons	iiio3, (
Former or usual residence			000000000000000000000000000000000000000
19 PLACE OF BURIAL O	R REMOVAL	DATE OF B	URIAL
20 UNDERTAKER	mag	ADDRESS	, 191-
Without	luch	1	t. 1/2

[Approved by U. S. Census and American Public Health
Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISTASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the husiness or industy; and therefore an Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons 6

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Is always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomenciamia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Traemia," "Weakness," ture of the American Medicai Association.) "Contributory." sepsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purreman septichae etc., when a definite disease can be ascertained as the "Keart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... injury, as fracture of skull, and consequences (e. g., Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from may he stated under the head (Recommendations on statement of (secondary or intercurrent; "Dropsy," "Exhaustion," _ (name origin; "Candeath), 29 ds.: State cause for Examples:



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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. properly INK supplied. pe UNFADING certifica to WITH terms. 6 PLAINLY plain instructions Information 5 DEATH See of OF Item important. Every It

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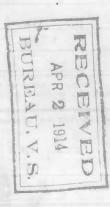
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or institution. give its NAME lestead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 BEY 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR MACE MARAURO WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended daceased from DATE OF BIRTH (Month) (Year) (Day TAGE It LESS than and that death occurred on the data stated above, a 1 day hrs. The CAUSE OF DEATH * was as follows: 1 cury des 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State _____ yrs, ____ mos. Where was disease contracted. THE ABOVE IS TRUE TO THE BEST OF MY If not at place of death? Former or usual-residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 20 UNDERTAKER ADDREBS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant ncoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmerc symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Hacmorrhage," "inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senilc," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



IS should state

MARGIN RESERVED FOR BINDING

	RECORD	PHYSICIAN
MARGIN RESERVED TOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH In plain terms, so that It may be properly classified. Exact statement of OCCUP Important. See instructions on back of certificate.
V. S. No. 1.	WRITE PLAINLY, WITH	N. B.—Every Item of information should be carefully sur CAUSE OF DEATH In plain terms, so that It ma Important. See instructions on back of certificate.

Village or City Man / Manufaction (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
FULL NAME Julia Cerm	. Clark of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE S DATE OF BIRTH (Month) (Day) (Year) 1 day,brs.	that I last saw h alive on 191 and that desth occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
yrs	Stule Klatile Eg (Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Manyland	Contributory (Secondary) (Ouration)yrsmosds.
10 NAME OF FATHER Waham Dawson 11 BIRTHPLACE OF FATHER (State or country) 12	(Signed) At Physican in Massing M. D
(State of country) 12 MAIDEN NAME OF MOTHER Many Lawson	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Land Many	At place in the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
(Informant) and I was to the BEST OF MY KNOWLEDGE	It not at place of death? Former or usual residence
Filed MAN 3 191 A AMELIANA	19 PLACE OF BURIAL OR REMOVAL Millers Fran gard Upnil 1814. 20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla mia," "PUERPERAL peritonitis," etc. cause. Aiways qualify all diseases resulting from ture of the American Medicai Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS . probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage. as "Puerperal scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Chronic interstitial arphritis nant neoplasms); Measics; Whooping cough; Chronic oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all quostions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914 BURESU, V.S. BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

RECORD

PLACE OF DEATH 2213 County Allegany	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
Village or City Mar Bartin (No.)	St.: Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Single, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Mar. 29, 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
G DATE OF BIRTH Jan 16 , 1832 (Month) (Day (Year)	about May 1 st, 1914, to Mar 29 m, 1914, that I last saw hor alive on mar 76, 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5 a.m. The CAUSE OF DEATH* was as follows: By hits with Irobable
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	abscise of ling (Duration) vrs. / mos ds.
which employed (or employer) PBIRTHPLACE (State or country) Alle Jenny Co M.	Contributory Secondary (Ouration) yrs mos ds.
11 BIRTHPLACE OF FATHER Groups Sucjewith 11 BIRTHPLACE OF FATHER (State or country)	(Signed) S. A. Boucher, M. D. A. Boucher, M. D. A. Boucher, M. D.
11 BIRTHPLACE OF FATHER (State or country) Allegency Co, h. & 12 MAIDEN NAME OF MOTHER Olive Various	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) New Jersey 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) A. M. Bouche	If not at place of death? Former or usual residence.
(Address) Bartin, Max	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Western feart 20 UNDERTAKER ADDRESS

REGISTRAR Kona aruno If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: should be taken to report specifically the occupations duties of the household only (not pald Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSINO DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (rctired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on matement of cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. ture of the American Medlcal Association. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from death), 29 ds.; "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

2214	
PLACE OF DEATH	STATE OF MARYLAND
200	CERTIFICATE OF DEATH
County Allgan	
	Registration Dist. No.
Village or City In Jarrage (No	St.; Ward) [It death occurred in
(110	a hospital or Institution, give its NAME lostead
* PULL NAME Budget	Sickel of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE,	18 DATE OF DEATH Grands 10 1014
WIDOWED.	(Month) (Day) (Year)
Trush While (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	much 10 1914 to march 10 8 1914.
March 26, 1845	march 10 miles
(Month) (Day) (Year)	that I last saw h alive on 1914
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm,
6 8 yrs. // mos. / 2 ds. ormin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Cesthal Bunning
(a) Trade, profession, or	
particular kind et work	2 begreen
(b) General nature of Industry, business, or establishment to	(Duration)mosds.
which amployed (or employer)	
9 BIRTHPLACE (State or country) Phary Count	Contributory (Secondary) (Daration) yrs mos ds.
10 NAME OF	ICA PUL
FATHER Tatish Collins	(Signed), M. D.
11 BIRTHPLACE	Brush 10, 1914 (Address) Det Dateghel
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of death yrs mos ds. State yrs mos ds. Where wes disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(Interment) brought such	Former or
0.91	usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 4 1 000	Morage had Mend of 191. J.
Filed Rank 10, 1914 & C. J. Museyles	20 UNDERTAKER ADDRESS
2000 REGISTAR	I Dund trush his
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"first line will be sufficient, e. g., applies to each and every person, irrespective of age. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulminc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Theumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scotichaeample: Mcasles (disease causing death), 29 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "H art fallure," "Haemorrhage," "Inanition," "Maran genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asoma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BUREAU, Y.S.

PHYSICIANS RECORD ENT RMAN ZOZ 0 classifled. properly ERV UNFADING liddus (1) plai ء DEATH 0 OF ш

1 PLACE OF DEATH state Very SICIANS should OCCUPATION IS MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE. MARRIED, WIDOWED. (Month) ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day 7 AGE If LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) **Gontributory** 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 50 back ARENTS 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAM Instructions OF MOTHER OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) yrs. mos. __ ds. Where was disease contracted. 14 THE ABOVE IS TRUE It not at place of death? usual residence mportant. CAUSE 15 20 UNDERTAKEA REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilt death occurred la a hospital or institution, give its NAME Instead

St.:....Ward) of street and number.]

ADDRESS

necornen

(Day (Year)/ I HEREBY CERTIFY. That I attended and that death occurred on the date stated above, at The CAUSE OF DEATH* was as ioliowa: (Duratioo) _____yrs._ *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. In the State yrs._ DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite saiary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ampie: Meastes (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitiou," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less defiulte; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," Never report EX-



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1 PLACE OF DEATH 2216 Very PHYSICIANS should state OCCUPATION IS County.... Village or City RECORD 2FULL NAME. jo Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Write the word stated DATE OF BIRTH properly classifled. pe (Month) (Day (Year) TAGE It LESS than pinons 1 day,hrs. INK-THIS mos. AGE BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. pe (b) General nature of industry, UNFADING business, or establishment la may which employed (or employer) ----of certificate. 9 BIRTHPLACE (State or country) carefully that 10 NAME OF FATHER 80 WITH pe See instructions on back terms, 11 BIRTHPLACE PARENT should OF FATHER (State or country) 12 MAIDEN NAME plain OF MOTHER of Information DEATH in pial OF MOTHER (State or country) Item 0 F Every Item CAUSE OF Important. 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in a hospital or institution, give its NAME Instead ot street and number. 1

MEDICAL	CERTIFICATE C	OF DEATH	
16 DATE OF DEATH	3	- 20	, 191.4
	(Month)	(Day	(Year)
/}	CERTIFY, That		
fan I	91 <u>.4/.,</u> to	3-19	, 191.4,
0		3 - 19	
that I last saw h al			, 191.4
and that death occurred	on the date state	d above, at	7.30 P. m.
The CAUSE OF DEATH*			
Purpura	Africa a a a		
	//www.	Micagic	
	(Duration)	/=	
***************************************	(natation)	yrs	NOS @ S.
Contributory	***************************************	hm 0 0 0 hm 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Secondary			
	(Duration)	,yrs	
(Signed)	1 Whity		, M. D.
, ,	A	110	m. v.
3/2/ ,1914 (Address)	ull H /2	
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMI	AUSING DEATH, ONS OF INJURY; & CIDAL.	r, in deaths front (2) wheth	om VIOLENT er Acciden-
18 LENGTH OF RESIDEN	CE (FOR HOSPITAL	B. INSTITUTIONS.	TRANSIENTS
OR RECENT HESIDENTS	In the	6 14	
of death 3 yrs. 6 mos.	O ds. State	D. K.	moe de
Where was disease contracted.	L. Contract	/ 10,	11109
Where was disease contracted, it not at place of death?	10cm	ande.	ma
Former or	PA 100	711.0	
usual residence	marall	- Kilik	
19 PLACE OF BURIAL OF	REMOVAL	DATE OF B	URIAL
O's off	a Ind.	3/2	3 1914
tromming.	1- mis-	1	191.7
20 UNDERTAKER	11 1	ADDRESS	1/1/1
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Commode Ky

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupaetc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

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BINDING FOR RESERVED MARGIN

V. S. No.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. PLAINLY, WITH WRITE CAUSE OF I N

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No	urrad la
Village or City Collage (No	St.; Ward) [It death occur a hospital or ins give its NAME ot street and nui	instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	The state of the s	1914 Year)
Month) (Day (Year)	Moh 26, 1914, to moh 27,	1914.
7 AGE If LESS than t day,hrs. or	and that death occurred on the date stated above, at	,m,
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country.)	Contributory (Duration) yrs mos.	
10 NAME OF FATHER Jam Dudley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MOLLIE VOLUME VO	(Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from V CAUSES, state (1) MEANS OF INJURY; and (2) whether A TAL, SUICIDAL, OF HOMICIDAL.	VIOLENT
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place At place In the of deathyrsmosds. Stateyrsmos. Where was disease contracted, If not at place of death? Former or usual residence.	ds
(Address) EKA ast - 116 Filed 191 REGISTRAR	19 SKAGE OF BURIAL OR REMOVAL CENTAGE MA 20 UNDERTAKER ADDRESS	, 191 <i></i>

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumouia." unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "lnanition," "Maras gcuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death). 29 ds.; may be stated under the head of (Recommendations on statement of "Dropsy," "PUERPERAL septichae-"Exhaustion," Never report Ex-



BINDING FOR RESERVED MARGIN

PERMANENT PLAINLY, WITH UNFADING INK-THIS IS WRITE HE DE CAUSE OF Important.

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beat in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[It death occurred in a hospital or institution,

FULL NAME INFANT &	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Touch Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Month (Day (Year)
6 DATE OF BIRTH CMonth) (Day (Year)	that I last saw h = 1 alive on Much 14 191.
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Brancho-Pneumonia ous (Duration) yrs. mos. 2/ ds Contributory Extra-cel.
(State or country) 10 NAME OF Sharks Francis Bason 11 BIRTHPLACE OF FATHER (State or country) M. A.	(Signed) (Signed) (Address) (Address
12 MAIDEN NAME OF MOTHER Victoria Collage 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Chao James Caton	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or usual residence.
15 MAR 17 1914 Walnungh-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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10818 ("Pneumonia," unqualified, is indefinite): Tuberoupneumonia"); brospiual meningitis"); Diphtheria (avoid fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted causing nearh (the primary affection with respect to "Croup";) term for the same disease. Statement of cause of death-Name, first, the nisease of lungs, meninges, peritonaeum, etc., Carcin-Typhoid Lobar pneumonia; Bronchopneumonia fever (never report "Typhold Examples: Cerebrospinal use

> nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Contheula," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For vio-



V. S. No. 1.

RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Every item of information should be CAUSE OF DEATH in piain terms, s

WRITE

See instructions on back of certificate.

Important.

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH-

Registration Dist. No.....

2219

2FULL NAME (20 Praces)	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH MON (Month) (Day (Year)
TAGE Still Form If LESS than	that I last saw h alive on
BIRTHPLACE 1 day,hrs. ORmin.? 1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows: Contributory
(State or country) Thoriber Mel	(Signed) January (Opration) yrs mos ds (Signed) January Suffell , M. D All (a., 1914 (Address) Franchischer (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) MAC 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES; state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death were many descriptions.
(Informant) I Company (Address). Howard & Company (Address).	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

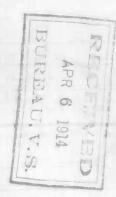
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably TENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; State cause for "Exhaustion," For VIO-



MARGIN RESERVED FOR BINDING

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 IS PLAINLY, WITH UNFADING INK-THIS WRITE 0

Coi	1 PLACE OF DEATH 2220)	STATE OF MARYLAND CERTIFICATE OF DEATH
	age or City Janthry (No. 4),	Registration Dist. No. [If death occorred in a hospital or institution, give its NAME instead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	4 COLOR OR RAGE MARRIED, WIDDWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
8 D/	MATE OF BIRTH 3 26 , 19/5. (Month) (Day (Year)	that I last saw h alive on 191
TAC		and that desth occurred on the date stated above, at
(a) par	CCUPATION ITrado, profession, or ficular kind of work	Still brown
busi whi	General nature of industry, mess, or establishment in ch employed (or employer)	(Duration)yrsmosds.
981	RTHPLACE (State or country) Typelong from 10 NAME OF	Secondary (Duration)
TS	11 BIRTHPLACE OF FATHER OF FATHER	(Signed) . M. D M. D M. D
PARENTS	(State or country) Jenny III. 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds
	Interment) Shark	Where was disease contracted, if not at place of death?
16	(Address) Firstling Ruf	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
10	mars 127 man Toloming	29 UNDERTAKER // NADRETER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

7. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BUREAU, V.S.

Very pinous 00 OCCUPATION PHYSICIANS ō PERMANENT classified. properly pe UNFADING Iddns may 80 6 back terms, ponid plai EATH 50 OF Every Item CAUSE OF Important. m ż

STATE OF MARYLAND

1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No...... fif death occurred in a hospital or Institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIEO. WIDOWED. (Month) (Day ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment la which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed REGISTRAR

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto Possesti w

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," themia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal scotichac-"Heart failurc," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Never report



BINDING FOR ESERVED C MARGIN

No. 1.

PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT EXACTLY. properly classified. plnous UNFADING INK-THIS AGE supplied. may be carefully sur o that it ma f certificate. 80 90 WITH pe back pinous uo PLAINLY. plain Instructions Information = of Inform DEATH WRITE Item E OF CAUSE OF important. 8 ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.Ward)

It death occurred in a hospital or institution. give its NAME Instead ot street and number.]

(No ...

MEDICA	L CERTIFICATE	OF DEATH	
18 DATE OF DEATH	Mas (Month)	18 (Day	, 191.4
17 I HEREE	Y CERTIFY, The	l attended	deceased from
***************************************	191, to		, 191
that I last saw h &	alive on		
and that death occurred	on the date state	ed above at	m
The CAUSE OF DEATH	* was as follows:		
	(Duration)	yrs	mos,ds
Secondary Secondary	*******************		***********
(Signed)	O.a.B		mosds
mar 19, 1914		_ ا	- Ind
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	CAUSING DEATH, CANS OF INJURY;	or, in deaths and (2) who	from VIGLENT
18 LENGTH OF RESIDE	NCE FOR HOSPITAL	s, Institution	S, TRANSIENTS
At place of death yrs, mo Where was disease contracted if not at place of death?	In the State	yrs,	mos ds
Former or usual residence		*******************************	* * * * * * * * * * * * * * * * * * *
19 PLACE OF BURIAL C		L DATE OF	BURIAL
Janu Center	7	May 17	191.54
20 UNDERTAKER Sid nat L	-and any	ADDRES	s

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDDWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day,....hrs. 8 OCCUPATION (a) Trade, profession, or particuler kind of work. (b) General neture of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE (State or country) KNOWLEDGE (Address). 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaccause. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) Always qualify all diseases resulting "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," etc. State "Exhaustion," cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BUREAUTES

BINDING FOR RESERVED MARGIN

V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.—Every Item CAUSE OF Important.

PLACE OF DEATH 2223	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
Village or City frontlung (No	St.; Ward) [Meath occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Work 25 1914 (Month) (Day (Year) 17. 1 HEREBY CERTIFY, That 1 attended daceasad from
Moreuler 30, 1913 (Month) (Day (Year)	that I last saw h cur allow on March 2 6, 1914
7 AGE 1 LESS fhan 1 day,hrs. 0Rmin.?	and that death occurred on the date attack above, at 2:30 P. m The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmeof in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos os Gontributory Walnutortion Secondary
10 NAME OF FATHER William D. Stales 11 BIRTHPLACE OF FATHER (State or country) 12 Mailean NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af piace In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at piace of death?
(Interment) William. I Sales (Address) 14 Pork due.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied Mar 27, 191 4 Del Convoy REGISTRAR	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. Y.

[Approved by U. S. Consus and American Public Health Association.]

tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age ness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the honsehold only (not paid Housekecpers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cuted thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman," (6)

lesis of lungs, meninges, pnenmonia"); ("Pnenmonla," term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to "Cronp";) brospinal meningitls"); Diphtheria Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic cere-Typhoid Lobar pheumonia; Bronchopncumonia unquallfied, is indefinite): Tubcreuforer (never peritonaeum, etc., report "Typhoid (avoid use

> annt neoplasms); Meastes; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis oma, Sarcoma, etc., of...... (name orlgin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig "Puerreral peritonitis," etc. State cause for Always qualify all diseases resulting from Measles "Senile," ctc.), (disease causing death), 29 or HOMICIDAL, or as probably "Dropsy," "Exhaustion," Never report



1 PLACE OF DEATH 2224	STATE OF MARYLAND CERTIFICATE OF DEATH
County Alle garry	Registration Dist. No.
Village or City Busheland (No. 6 Call Paul Name Farmers Gall	Pare Pare Asky Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
asex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEM ORDIVO	16 DATE OF DEATH Month) (Month) (Day (Year)
B DATE OF BIRTH Color 8, 1913 (Month) (Day (Year)	that I last saw here salve on Mar. 25 th 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 8 m, The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Bren elio queumonia
business, or establishment in which employed (or employer) Permanent in the state of country of the state or country	Contributory Cardan facility Secondary
on the of Father Salloway 11 BIRTHPLACE OF FATHER (State or country) 12 Total Value 13 NAME OF FATHER Salloway 14 Dept Value 15 NAME OF FATHER Salloway	(Signed (Darafion) yrs mos. 2 ds. (Signed (Address) M. D. *State the DISENSE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE IQ THE BEST OF MY (NOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs
(Informant) Thoulian Islandy	If not at place of death?————————————————————————————————————
(Address) 15 FMAR 20191491 Franciscon REGISTRAR	Paters De La
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 7.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS, state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Hacmorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," - etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for



RECORD PERMANENT UNFADING WITH terms. piain information c of inform DEATH Item OF

PLACE OF DEATH state Very PHYSICIANS should of OCCUPATION IS Village or City PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH (Day (Month) (Year) TAGE It LESS than 1 dayhrs. mos ...min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment le which employed (or employer) certificate. BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER jo back 11 BIRTHBLACE ARENT OF FATHER 50 12 MAIDEN NAME instructions OF MOTHER OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ __ mos. ____ ds. Where was disease contracted, 14 THE ABOVE STRU If not at place of death? Former or Important. usual residence Every it 19 PLACE OF BURIAL OR REMOVAL (Address' 16 20 UNDERTAKER ., 191 Filed 00 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred to

-Ward)

a hospital or lostitution. give its NAME instead of street and number. I

DATE OF BURIAL

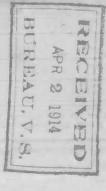
MEDICAL CERTIFICATE OF DEATH (Month) (Day Y. That I attended deceased from and that death occurred on the date stated above, stall The CAUSE OF DEATH* was as follows: *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, to the State _____ yrs, ___

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At-school-or At-home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material, worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of death), 29 "Exhaustion," For VIO-



V. S. No. 1.

PHYSICIANS should state of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should bEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS See instructions on back of certificate. item of information should be CAUSE OF I N. B.-

Very

1 PLACE OF DEATH

County Allegany

2226

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No

Village or City Cumperiano

St.; Ward)

It death occurred in a hospital or institution. give its NAME Instead ot street and number. 1

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH			
35	EX EX	4 COLOR OR RACE	5 SINGLE, MARRIEO, WIDOWED, ORDIVORGED (Write the wo	ingle	16 DATE OF DEATH March (Month)	/4 ,1914 (Day (Year)
6 D	ATE OF BIRT	TH MOV		19/0 19/09 (Year)	Feb. 14, 1914, to 9	at 1 attended deceased from Usacely 14, 1914 such 14, 1914
7 A		4 yrs	mos. 4 ds.	It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date sta The CAUSE OF DEATH* was as follow	
(a) pa (b) bus	General nature iness, or estal	on, or work			Whooping (Ouration)	oregh mos de
9 B	RTHPLACE (State or co	untry)		8	Gentributory Browches Secondary	preumon 21
TS	10 NAME O FATHEI	LACE	eorge		(Signed) W. A. Hoz March (814 (Address) Car	dges M.D.
(State or country) 12 MAIDEN NAME OF MOTHER		*State the DISEASE CAUSING DEATH. CAUSES, state (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL.				
14.	13 BIRTHP OF MOT (State	Bertns LACE HER or country)	Md	11	18 LENGTH OF RESIDENCE (FOR HOSPIT OR RECENT RESIDENTS) At place to the death yrs mos ds. Sta	
		STRUE TO THE BES		LEDGS	Where was disease contracted, If oot at place of death? Former or usual residence	
	(Address).	Cym bur i	ह्मव । ॥व		19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16 Fil	ed MAR 1	7 1814 Jak	Sh S	Saul REGISTRAR	20 UNDERTAKER JOHN C, WOLTORA	Mar/17 191 4

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, For persons "Foreman,"

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oma, Sarcoma, etc., of.......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report



No.

state Very SICIANS should occupation is PHYSICIANS RECORD ō statement PERMANENT Exact tated classified. D THIS properly pe UNFADING suppl may certificate. that 20 ō WITH back pinou plain Instructions 5 EATH See DO OF Item Every Item CAUSE OF Important. m ż

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... It death occurred in a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 18 DATE OF DEATH MARRIEO, WIDOWED, (Month) (Day ORDIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 OF BIRTH that I last saw h _____ alive on ____ Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. _ ds. State _____ yrs. ____ mos. Where was disease contracted. THE ABOVE IS TRUE It not at place of death?..... Former or usual residence DATE OF BURIAL (Address) 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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state should is OCCUPATION RECORD PERMANENT ciassi proper Z O suppli ay UNFADIN E certificat that 0 back pin ATH in plain instructions See 0 OF important. Every

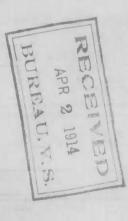
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County all & Same Registration Dist. No. It death occurred in St.;....Ward) a hospital or Institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, MARA WIDOWED, (Month) (Day ORDIVDRCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING PEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ... State yrs mos. ... Where was disease contracted. 14 THE ABOVE IS It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MARWY. 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrat & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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B. No. 1.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT AGE should be stated EXACTLY. of information should be carefully supplied. AGE should be s DEATH in plain terms, so that it may be properly classified. UNFADING INK-THIS IS A See instructions on back of certificate. WITH Item of information should be CAUSE OF Important.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.; Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

		5
FULL NAM	E	

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Spare of Birth Sauch 24, 1914 (Month) (Day) (Year)	Inaula 24, 1914, to Preside 24, 1914, that I last saw h alive on 191
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, er particular kind ef work	Sillin
(b) General nature of industry, business, or establishment in which employed (or employer)	(Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Danuellvilland	(Secondary)
10 NAME OF FATHER IN C Grams 11 BIRTHPLACE	(Signed) (Signed) (Address) M. D. Sand 24, 1914 (Address) M. D. Sand L.
C OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICINAL, OF HOMICINAL.
of MOTHER Mayand Strumelle 13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Informant)	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed March 25, 1914 Ta 3 lun feed	Dandlvill lud Mach 25, 191.4 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative leaithfui-Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage, as "Purpreral scptichaccause of death approved by Committee on Nomencla injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "As oma. Surcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BURBAU, V.S.

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SICIANS shoul PHYSICIANS RECORD 90 RMANENT EXACTLY. Exact PE classified. 4 be THIS properly lui. AGI INX pe UNFADING may that 20 of pe back terms, should piain Instructions informati = of inford OF Every Item CAUSE OF Important.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No Ilf death occurred in Village or City Ward) a hospital or Institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH " 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above. 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLDET CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place alone -OF MOTHER (State or country) of death _____ yrs. ___ mos. Where was disease contracted 14 THE ABOVE IS THUE TO THE BEST OF if not at place of death? usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGIATRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The catcd thus: gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic sepsis, tetanus) injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably The contributory Always qualify all diseases resulting from · (Recommendations on statement of may be stated under the head (secondary or intercurrent)



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and number. 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH MASSEL 15 B SINGLE, Suget 3 SEX 4 COLOR OR RACE WIDOWED. (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 191 ... , to. that I last sew h..... alive on (Day) If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in (Duration) yrs. mos. which amployed (or employer) Contributory..... BIRTHPLACE (Secondary) (State or country) (Dorallon)yrs.....mos... recelled, Com 15, 1914 (Address) Lumburg Vie 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. Stale yrs, ____. Where was disease contracted. If not at place of dealh?..... Former or DATE OF BURIAL 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

inaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 2232	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty County	Registration Dist. No.
Village or City Line berland (No. 168, 2FULL NAME Suface)	There or St.: 5 Ward) [If death occorred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored Sangle, MARRIED, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Month (Month) (Day (Year) 17 I HEREBY CERTIFY, That I sttended decessed from
6 DATE OF BIRTH	
(Month) (Day (Year)	that I lest saw h elive on
7 AGE It LESS than	end that deeth occurred on the date stated shove, et
778mosds, ORmin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Mell tom
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration)yrsmosds.
State or country) MA	Secondary (Guration) yrş mos ds.
10 NAME OF John Handley	(Signed) (Si
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEGY CAUSES, state (1) MEANS OF INJURY; and (2) whether transfer TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) John Traudley	Former or usual residence
(Address) 168 Timeou	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed AAR - 6 1919 Framin-	20 UNDERFAKER ADDRESS
If more blanks are needed, address State Registrate	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lests of lungs, meninges, peritonaeum, etc., Carcin-

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state should OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY classified. 4 properly ы pe UNFADING may certificate. 80 ō back terms. pino plain Instructions = EATH 50 0 OF Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred la a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day ORDIVERCED (Write the word) (Year) HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day,....hrs.ds. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF (Signed) 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted OR REMOVA DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

Mousewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the Grocery; (a) Foreman, (b) Automobile factory. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," engineer, (0)

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mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inanition," "Maras. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for the head



V. S. No. 1.

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1 PLACE OF DEATH

2234

STATE OF MARYLAND CERTIFICATE OF DEATH

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County alle & any	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Combod (No. 126, 7) 2FULL NAME Farfant	St.; Ward) [If death occurred le a hospital or institution, give its NAME lostead of street and nombsr.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	10 DATE OF DEATH Quach 7, 1914 (Month) (Day (Year)
© DATE OF BIRTH March (Month) (Day (Year)	march 7 1914, to march 7, 1914. that I last saw him all and march 7, 1914.
7 AGE If LESS than 1 day,hrs.	and that deeth occurred on the dete stated above, at 5:30 Pm. The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	I njury to head in birth. (Quration)
9 BIRTHPLACE (State or country) Mel	Secondary Large head bless hear to
10 NAME OF George 76 Hepburn	(Signed) W. A. Hoolges No D. March 8, 1914 (Address Cumberland Ind.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mod	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds
(Informant) Beryiman H. Diffalangh	Where was disease contracted, If not at placs of death? Former or usual residence
(Address) 126 Tha ave. 16 MAR Filed 191 Daniegh	19 PLACE OF BURIAL OR REMOVAL ROJE HILL Maring, 1914 20 UNDERTAKER Linis Siein Cely
If more blanks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," ;"Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puebperal septichaeetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify ali diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report



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state Very PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. pino properly pe UNFADING Suppli may certifica that 80 50 back terms, pinous 0 PLAINLY plain Instructions Information = EATH WRITE 0.0 A CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in a hospital or institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED, (Month) (Dav (Year) (Write the word) HEREBY CERTIFY That I DATE OF BIRTH 1908 (Month (Day (Year) TAGE if LESS than and that death occurred on the date stated above, a 1 dayhrs. DEATH* was as follows: OR 7 SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OFFATHER (State or country) *tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMIGIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in fhe OF MOTHER (State or country) of death State yrs. _ Where was disease contracted if not at place of death? Former or usuai residence DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonaeum, etc., Carcin-

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT UNFADING certificate. 90 0 back terma. plain Instructions Information = DEATH WRITE See 90 Item PO mportant. ы Every 8 z

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2236 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ill death occurred io a hospital or Institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day If LESS than and that death occurred on the date stated above, at 1130 A 2 1 dayhrs. The CAUSE OF .mos..... OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ------9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State yrs. ... Where was disease contracted 14 THE ABOVE IS TRUE MY KNOWLEDGE If not at place of death? Former or osual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more hlanks are greeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accicause of death approved by Committee on Nomencla-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate it posterior that

the certificate is parmamently misch

BINDING FOR MARGIN RESERVED

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

N. B.

1 PLACE OF DEATH County Allegoling

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.ZZ

Village or City / later / (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Walk 7 Hick Stingle, Widoweo, Onovorceo (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h says slive on the 23, 191
7 AGE 1 If LESS than 1 day, hrs. OR min.?	and that desth occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of lodustry, business, or establishment in which employed (or employer)	'Achely Amy me yes mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIN NAME OF MOTHER 12 MAIN NAME OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted, It not at place of death? former or usual residence.
(Address) The Address - The Address State Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PARTY D, 1914 ADDRESS May A June May and May 1914 Trar, G. E. Franklin St., Balto., Requesting V. S. No./1.

[Approved by U. S. Census and American Public Health Association.]

.(a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; duties of the household only (not pald Housekeepers it should be used only when needed. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the oecupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite saiary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question eausing dearn, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are eugaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

pneumonia"); icsis of lungs, meninges, peritonaeum, ete. ("Pneumonia," "Croup";) term for the same disease. Examples: Cercbrospinal causing death (the primary affection with respect to time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE (the ouly definite synonym is meningitis"); Diphtheria Typhoid Lobar pneumonia; Bronchopneumonia unquallfied, is indefinite): Tubercuferer (never report "Typhold "Epidemie eere-(avold use Carcin-

> valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or misearriage as "Puerperal septichaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions." "Deblity" ("Contheuia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection uecd not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify an which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 "Senfic," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report

If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BURDAU, V.S.

No. 02

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state very See Instructions on back of Information Item OF Important. Every Its

County

3 SEX

TAGE

PARENTS

15

DATE OF BIRTH

BOCCUPATION

(a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE OF MOTHER (State or country)

(Address'

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

(b) General nature of Industry, business, or establishment in

which employed (or employer)

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	9

.Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]

5 SINGLE. MARRIED. WIDOWED,

ORDIVORCED (Write the word)

(Day

PERSONAL AND STATISTICAL PARTICULARS

(Month

4 COLOR OR RACE

	MEDICAL CERTIFICATE C	OF DEATH
ngle	16 DATE OF DEATH WOLL (Month)	(Day (Year)
	17 I HEREBY GERTIFY, That	I attended deceased from
9/4 Tear)		, 191
nan ors.	and that death occurred on the date state	d above, atm,
. ?	The CAUSE OF DEATH* was as follows:	th
	(Russian)	
	Contributory	
	P m	yrs mos ds.
	18/3 , 191 et (Address) Ce	
	*State the Disease Causing Death, o Causes, state (1) Means of Injury; a TAL, Suicidal, or Homicidal.	r, in deaths from VIOLENT
	They contributed of Elouricipies.	(a) whether Method N
_	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the	B, INSTITUTIONS, TRANSIENTS,
	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State. Where was disease contracted,	B, INSTITUTIONS, TRANSIENTS,
	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of deathyrs,mosds. State.	B, INSTITUTIONS, TRANSIENTS,
	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State . Where was disease contracted, If not at place of death? Former or	B, INSTITUTIONS, TRANSIENTS,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," (6)

("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of causing death (the primary affection with respect to term for the same disease. Examples: Ccrebrospinal time and eausation), using always the same accepted fever (the only definite synonym is "Epidemic eere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for mus," "Old Age," "Shoek," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichacete., when a definite disease ean be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"



BINDING RESERVED MARGIN

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N. B.

RECORD PERMANENT UNFADING INK-THIS IS WITH

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF Important. S

STATE OF MARYLAND 1 PLACE OF DEATH 2239 CERTIFICATE OF DEATH

Gounty Language	Registration Dist. No.
Village or City Mean Meri Mano	st.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
famale while Single, MARRIEO, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH MAN /9 , 1914 (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased fro
6 DATE OF BIRTH March 16, 1914 (Month) (Day (Year)	that I last saw h alive on
7 AGE If LESS than 1 day, Ohrs. OR min. ?	and that death occurred on the date stated above, at 4.30 a. r
(a) Trade, protessian, or particular kind et work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Maryland.	Gontributory Seeondary (Ouration) yrs mos constitution yrs mos constitut
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Mary, La Kuff, 13 BIRTHPLACE OF MOTHER (State or country) Marylbuld	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Informani) Sens, Meader Johnson (Address) Ellinsville Pa,	Where was disease contracted, if not at place of death? Former or usual residence
Flied Man 20, 1914 Descriett REGISTRAR	Johnson burying yard Mar 20, 1914 20 UNDERTAKER ADDRESS MAL MOTOR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

WARGIN BESERVED FOR BINDING

CERTIFICATE OF DEATH Zels vissons of value of the selection of the selecti REVISED UNITED STATES STANDARD T-XL WITH UNFADING 14K-T

[Approved by U. S. Census and American Public Health

tion is very important, so that the relative healthfulressary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Offrst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of.......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meastes; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of Never report For vio-



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Very state 18 County UL should OCCUPATION PHYSICIANS (No. RECORD 2FULL NAME 0 PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORGED (Write the word) Exact stated 6 DATE OF BIRTH classified. (Month) (Day) (Year) be It LESS th 7 AGE should 1 day bi OR min. properly AGE 6 OCCUPATION (a) Trade, profession, or particular kind of work carefully supplied. (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 20 0 pe back 11 BIRTHPLACE terms. PARENT OF FATHER (State or country) should PLAINLY, 12 MAIDEN NAME of Inc.
DEATH in prese instructions in plain OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country WRITE CAUSE OF Important. (Address) ... 15 Filed ø REGISTRAF ż

1 PLACE OF DEATH

2240

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

If death occurred in a hospital or institution, give its NAME Instead

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MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH 3 -	25- 101
(Month)	(Day) (Year)
17 HEREBY CERTIFY, The	(/
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and that death occurred on the date state	
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(Duration)	yrsmos2
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(Duration)	O yrs mos
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(Signed)	
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(Signed) , 191 (Address) P	donnown;
(Signed) , 191 (Address) *State the DISEASE CAUSING DEATH, O CAUSES, state (1) MEANS OF INJURY; & TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITAL	or, in deaths from VioLenz and (2) whether Acciden
State the DISEASE CAUSING DEATH, OCAUSES, State (1) MEANS OF INJURY; & TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from Violent and (2) whether Accident
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State the DISEASE CAUSING DEATH, O CAUSES, State (1) MEANS OF INJURY; STAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted,	or, in deaths from Violent and (2) whether Accident
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State the DISEASE CAUSING DEATH, O CAUSES, State (1) MEANS OF INJURY; STAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State Where was disease contracted, it not at place of death? Former or usual residence.	or, In deaths from Violent and (2) whether Accident Ls. Institutions, Transient By yrs, mos.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Servant, Cook, Housemaid, etc. If the occupation has Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fleation, as Day laborer, Farm laborer, Laborer-('oa) "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mus," mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Tuerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"li art fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "An ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mallg. The contributory "Old Age," "Sbock," (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhanstion," "Traemia," "Weakness," (name origin; "Can State cause for Examples:



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state

3 SEX

TAGE

PARENTS

16

DATE OF BIRTH

a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country

(Address).....

14 THE ABOVE ISTRUE

OF MOTHER

(b) General nature of Industry.

business, or establishment in

which employed (or employer)

Village or City Central (No. 70.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

5 SINGLE.

MARRIED, WIDOWED,

ORDIVORCED (Write the word)

(Day

4 COLOR OR RACE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

(If death occurred la a hospital or institution, give its NAME instead

NAME The Norwood Judg

(Year)

If LESS than

1 day hrs.

OR min. ?

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from Mch. 7, 1914, to Mch. 9, 1914, to Mch. 9, 1914, and that death occurred on the date stated above, at 40 m. The GAUSE OF DEATH* was as follows:

Sobort Museumanno

(Duration) yrs. mos. 3 ts. Contributory Secondary

(Duration) yrs. mos. 4s. Signed).

(Signed). (Address) Sumabus Sand Mcd.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

At place	In the
of death yrs mos ds.	State yrs mos ds
Where was disease contracted,	

If not at place of death?.....

usual residence.....

19 PLACE OF BURIAL OR I	REMOVAL	MANUEL 1915
20 HADEDTAGED	0	131.4

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

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mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



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WRITE

No. vá. RECORD

PHYSICIANS should state of OCCUPATION is very Exact statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX S SINGLE, 4 COLOR OR RACE WIDOWED, ORDIVERCED (Write the word) stated properly classified. be (Month) (Day (Year 7 AGE If LESS th should 1 day.....h AGE BOCCUPATION (a) Trade, profession, or particular kind of work. carefully supplied.
to that it may be p (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 6 pe on back PARENTS OF FATHER (State or country) should of Information shall DEATH in plain t 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) See CAUSE OF I (Address). 15 8 REGISTRAR ż

1 PLACE OF DEATH

2242

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

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St.; Ward)

MEDICAL CERTIFICATE OF DEATH

Tif death occurred to a hospital or institution, give its NAME instead of streef and number.]

16 DATE OF	***************************************	Man	0		1914
		(Month)		у (Year)
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and that dea	th occurred	on the date s	tated above	, at 6-3	P
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If more blanks are needed, address State Re

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b)been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal term for the same disease. Examples: Cerebrospinal ("Pneumonia," "Croup";) Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., (the only definite synonym is "Epidemic ceremeningitis"); Diphtheria Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-(avoid use Carcin-

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measics affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (disease causing death), 29 ds.; "Exhaustion," Never report



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1 PLACE OF DEATH

County alle Lans

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

Ilt death occurred in St :----Ward) a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, CANKINGLEUR 30 (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191 to (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..... 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) _____yrs.____mos.___ which employed (or employer) 9 BIRTHPLACE (State or country) Contributory.... Secondary 10 NAME OF FATHER 30, 191 4 (Address) Collec 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ____ ds. State yrs. ____ mos. Where was disease contracted. If not at place of death?..... Former or usual residence DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; gaiufully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tueumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Caroin-

nant neoplasms); Meastes; Whooping eough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914

BUREAU, V.S.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St.:--Ward) a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR MAGE DATE OF DEATH MARRIED. WIDOWED, ORDIVORCEO (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year) (Day 7 AGE If LESS fhan and that death occurred on the date stated above, at. 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) _____yrs. ____mos... which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address)...L. ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MBANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death _____ yrs. ____ mos.-___ ds. State _____ yrs._ Where was disease contracted. 14 THE ABOVE STRUE TO If not af place of death?... Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer Groeery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, uot duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a defiuite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiespecially in industrial employments, it is nec-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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nant neoplasms); Meastes; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need uot be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head



MARGIN RESERVED FOR BINDING

V. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD WRITE

Village or City Bange (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occorred in a hospital or institution, give its NAME lostead of sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruid A Color OR RACE SHREE, MARRIED, WIDOWED, OR DWORCED (Write the word) 6 DATE OF BIRTH Dec 15 1833	16 DATE OF DEATH Grand 24, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 24, 1914, to 32, 24, 1914, that I last saw have alive on 32, 24, 1914
7 AGE (Month) (Day) (Year) 7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
SOCCUPATION (a) Irade, profession, er particular kind ef work (b) General nature ef industry, business, or establishmeot in which employed (or employer) SHRTHPLACE (State or country)	(Buration) yrs. mos. / ds. Contributory faraly (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Address) (Address)	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS 4 J. Dunst ADDRESS Tanks ADDRESS

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing described with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Puerperal scoticharmus," "Old Age," "Shock," "Uraemia." "Weakness," genital," "Senlie," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT, DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "H art failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Never report Examples: For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH llegans Registration Dist. No I'lf death occurred in a hospital or institution. give its NAME Instead Freeland M of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE? MARRIED WIDOWED. (Month) (T)av Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 Taralesis BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, ** business, or establishment in which employed (or employer) certificate. Secondary 10 NAME OF ō back ARENTS 11 BIRTHPLACE unter (Address) (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 00 12 MAIDEN NAME OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ___ ds. State yrs. ____ mos. Where was disease contracted. 88 If not at place of death?. Former or Every Item CAUSE OF Important, usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESB REGISTRAR If more blanks are needed, address State Registrar 6 E. Franklin St., Balto Requesting V. S. No. 1.

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APR 2 1914
BUREAU. V.S.

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Instructions

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STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in Ward) a hospital or institution, give its NAME instead of street and number. I MEDICAL GERTIFICATE OF DEATH DATE OF DEATH (Month) Day

PLACE OF DEATH 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE MARRIED, & WIDOWED, ORDIVORGED DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 dayhrs.min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Secondary (State or country)

10 NAME OF

FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State on country)

15 REGISTRAR I HEREBY CERTIFY. That I attended deceased from

(Duration) Contributory

(Doration) (Signed)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place In the of death yrs. mos. State yrs, ____ ds

Where was disease contracted, If not at place of death?

usual residence. PLACE OF BURIAL OF REMOVAL PATE OF BURIAL

20 UNDERTAKER APPRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Former or

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BUREAU, V.S.

BINDING FOR RESERVED MARGIN

RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1. N. B.-

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2248 1 PLACE OF DEATH County....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

Ilf death occurred in

FULL NAME HERbert. K	a hospifal or Institution, give Its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Married, William or Divorced (Write the word)	(Month) (Day (Year)
DATE OF BIRTH Jenny 9- (Month) (Day Xe	82 Hora 1 21, 1914, to bran 14th, 1914.
1 day	hrs. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of Industry.	I Sylvan Dal Paralysis of the Chicago
business, or establishment in which employed (or employer)	(Ourafion)yrs2_mos/_/_ds
State or country)	Contributory Secondary (Durafion)yrsmos
10 NAME OF S. W. W. Kemar	(Signed) Del Winds M. D. 3/17 1914 (Address) Granbuland nul
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. Stateyrsmosds
(Informant) The Heat of My Knowledge	Where was disease confracted, If not at place of deaft? Former or usual residence #27 Seymour Set
(Address) # 27 Sugarote St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL J
Filed MAR 191 Palph A Sain REGISTRI	20 UNGERTAKER ADDRESS
If more blanks are needed, address State	Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neceated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Village or City St.:---Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, Month) (Day (Year) (Write the word) ! HEREBY CERTIFY, That i attended deceased from DATE OF BIRTH, 191....., to (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) _yrs........mos......ds. which amployed (or amployer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, mos, ds Where was disease contracted. OF MY KNOWLEDGE if not at place of death? ... usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER MODRESS

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Frestburg Furniture & Undertaking Co.

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PLACE OF DEATH County allegans	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Barton (No. / No. /	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH Aug 23 , 1911 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (MOREEN) (Day (1ear) 1 LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Cllege (State or country)	firmed to death. He kindled a fire in some subtish in an out bruse and was trumed before he could be true of (Ouration) Contributory Secondary
10 NAME OF FATHER John Mets 11 BIRTHPLACE OF FATHER (State or country) Alleg. Co 12 MAIDEN NAME OF MOTHER OF MOTHER STATES	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Barty Male (Address) Barty Male	At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Lucel Hill Centelry alege Mass 29, 1914.
Filed Man 28, 1914 L. M. Bruch	20 UNDERTAKER ADDRESS

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etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated upless important. valvular heart disease; Chronic interstitial nephritis nant peoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from may be stated under the head (Recommendations on statement of State eause for Never report For vio-



BINDING FOR RESERVED MARGIN

B. No.

B.

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RECORD PERMANENT stated EXACTLY. e carefully supplied. AGE should be si so that it may be properly classified. UNFADING INK-THIS Item of information should be DEATH in plain terms, CAUSE OF Important.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very of certificate. See instructions on back 1 PLACE OF DEATH

County.

STATE OF MARYLAND CERTIFICATE OF DEATH

				1
Registra	tion	Dist.	No	

St.;....Ward)

[it death occurred in a hospital or institution, give its NAME instead

	* FULL NAME	2019an of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) HEREBY CERTIFY, That I attended decessed from
6 p	PATE OF BIRTH Planch 3/ 1914 (Month) (Day) (Year)	March 3/, 1914, to march 3/, 1914 that I last saw h = alive on Prosch 3/, 1914
7 A	GE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
pa (b) bus wh	i) Trade, protession, or inticular kind of work	(Duration) yrs mos ds Contributory (Secondary) (Agretics)
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
PA	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
15	(Informant). Semalerille lund (Address). Semalerille lund (Magnetic 11 mg). Land	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS
FI	led Marel J. 1914 J. a. T. Merrayller	1111

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

Local REGISTERAR

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative ...calthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "PUTEPTERAL septichar-"Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 de.: cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary). 10 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is iess definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



RECORD

PERMANENT THIS NX UNFADING PLAINLY,

state Very should 10 OCCUPATION classified. properly AG pe supplied may certificate. 80 Jo. back terms, ponid plain Instructions 2 EATH 00 Euz OF Every Item CAUSE OF Important. m

(State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

15

OF MOTHER

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred inWard) a hospital or institution. give its NAME instead of Street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Dav 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? 8 OCCUPATION (e) Trade, protession, or particular kind of work (b) General nature of Indostry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Secondary (Doration 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR H	OSPITALS, INS	TITUTIONS	TRANSIEN	TS
At place of death yrs mos ds. Where was disease contracted,	In the State	yrs,	mos, ,	ds

If not at place of death? Former or

usual residence OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER ADDRESS

TOC. KER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

¿Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necfication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucksis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Can sopsis, totanus) may be stated under the head LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal soptichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably.suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH 2255 Munty Allegary (No. 1 Minus) Page or City Farshburg (No. 1 Minus) Page of City Farshbu	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	lale White Write the word	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFICIAN I attended deceased from
0,	ATE OF BIRTH MARCH - 7,7-1880	191 to March 24, 1914
	Mark (Month) 27 (Day (Year)	that I last saw h Malive on Mar 74 1914
TAG	If LESS than 1 day,hrs.	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:
(a) pai (b) bus	CCUPATION Trade, profession, or Coal Minus Clicular kind of work General nature of industry, iness, or establishment in ch employed (or employer)	Mine according of yrs mos/2 ds.
-	RTHPLACE (State or country) I gracountry MA	Contributory Secondary
	10 NAME OF FATHER ACUS Kairum	(Signed) yrs mos ds.
ENTS	OFFATHER Novacotia-	March 191 4 (Address) of and thing
PARE	(State or country) Victor Co 12 MAIDEN NAME Janu Ruegun OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE Alegany los OF MOTHER (State or country) Guardand	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
	(Informant) Jacob Manuage	Where was disease contracted, if not at place of death? Former or usual residence described by the second
15	(Address) Firstburg M. H.	athore emely has 1, 1914
FII	LO Stanty REGISTRAR	Jacob Hafer trottering
1	II more blanks are needed, address State Regist	trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfuicausing dearn, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the cated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origiu; "Canwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for For vio-



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OCCUPATION RECORD ō ENT PERMAN classified. 0 THIS properly NX be UNFADING supplie may 80 0 terms. hould plain Information _ 7 EATH OF DE Em PO Every item CAUSE OF Important.

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state Very 10 pinode back Instructions

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [It death occurred in a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, Mayel (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h.er... (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. DEATH* was as follows: OR min. ? Julovulo BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of indostry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory. Secondary (State or country) (Duration)yrs... 10 NAME OF ., 191 f. (Address) Desselel Kares 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. _ mos. / Q ds.

15 REGISTRAR

THE ABOVE IS TRUE TO

(Intormant)

REMOVAL DATE OF ADDRESS

20 UNDERTAKER

If more blanks are meeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

Former or

usual residence

Where was disease contracted.

If not at place of death?

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many oecupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Schile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Mcdical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 2 1914
BUREAU. V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
Cour	nty alla granting	CERTIFICATE OF DEATH
		Registration Dist. No.
Villa	ege or City Gambardan (No. M. sm.,	St.; Ward) [If death occur a hospital or Insti give its NAME ir of street and num
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	COLOR OR RAGE SINGLE,	16 DATE OF DEATH MILE. J. G.
m	wholes whole word)	(Month) (Day (Y
8 DAT	TE OF BIRTH	17 M I HEREBY GERTIFY, That I attended deceased
	Dac 10, 1918	mal 08
7 AGE	(Month) (Day (Year) E If LESS than	that I last saw huw alive on // 50
	1 day,hrs.	and that death occurred on the date stated above, at
8	yra mos, ds. or min.?	-
	CUPATION [rade, profession, or	Luntar
		- C T T T T T T T T T T T T T T T T T T
partic	cular kind of work	a a guagues
partic (b) 6 busine	Color kind of work	(Duration) yrs mos.
(b) 6 busine which	General nature of industry, ess, or establishment in h employed (or employer)	Contributory Dabil an Amel
(b) 6 busine which	Color kind of work	Contributory Capilary Comeh
partic (b) 6 busine which	General nature of industry, ess, or establishment in h employed (or employer)	Gontributory Capalana Consella Secondary (Duration) Tyrs mos.
partic (b) 6 busine which	General nature of industry, ess, or establishment in h employed (or employer) THPLACE State or country) 10 NAME OF FATHER TWO STATES TO STA	Contributory Sabulary Omneh Secondary (Duration) yrs mos
partic (b) 6 busine which	General nature of industry, ess, or establishment in h employed (or employer) ITHPLACE State or country) 10 NAME OF	Contributory Capellary Connection (Duration) (Signed) (Signed) (Signed) (Address) (Duration) *State the Displace Capellary Contributed of the Co
partic (b) 6 busine which 9 BIR (5	collar kind of work General nature of industry, ess, or establishment in h employed (or employer) ITHPLACE State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Contributory Capellary Consell Secondary (Duration) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Duration) (Signed)
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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: material worked on may form part of the second cated thus: Farmer (retired 6 yrs.) should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as (a) Spinner, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as ania," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for For Vio-



RECORD o Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe SI should INK-THIS AGE pe supplied. UNFADING may carefully so that it PLAINLY, WITH ps pinous Information of Informati Every Item CAUSE OF I

state Yery PHYSICIANS should OCCUPATION IS certificate. ō See instructions on back

3 SEX

7 AGE

PARENTS

15

DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)......

OF FATHER (State or country)

(b) General nature of Indostry,

business, or establishment in

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTIC

(Month)

yrs.....mos,....

11

If more blanks are needed, as

which employed (or employer) -----

4 COLOR OR RACE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

fit death occurred in a hospital or institution,

S SINGLE. MARRIED.

WIDOWED. ORDIVORCED

(Day

-or A	give its NAME Instead of street and number.]
ARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 3- 9 1014
arrial	(Month) (Day (Year)
rd)	17 I HEREBY CERTIFY, That I attended deceased from
	Inar 1 st , 1914, to July 9th, 1914,
- 1	
(Year)	that I last saw h Cara, allve on Oner 8 th, 1914
If LESS than	and that death occurred on the date stated above, atA .m
t day,hrs.	The CAUSE OF DEATH * was as lollows:
ORmin.?	- 1
	Chronic Sudveardele,
-	John John John John John John John John
***************	***************************************
	(Duration)mos. 9 ds
***************************************	Contributory
	Secondary
	(Duration) yrs mos ds
	Skellet 1
	(Signed) , M. D
	3/13 , 1914 (Address) Curulof a Jud
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	OR HECENT HESIDENTS)
	At place in the ot death yrs, mos, ds. State yrs, mos, ds
LEDGE	Where was disease contracted, Relief he
-	If not at place of death?
was	Former or usual residence Detroit Trick
~	
-02	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1	athens Ca Marky3, 1914
4	20 UNDERTAKER ADDRESS
REGISTRAR	In I take to the d
ross State Domi	strar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

V. S. No.

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[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, ctc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

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Very PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT Exact classified. 4 pe D properly AGE pe UNFADING Supp may certificate. that 80 ō pe back terms, should PLAINLY, plain Instructions Information 5 DEATH of Item FO CAUSE OF Important.

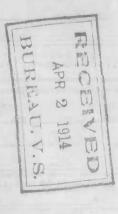
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in a hospital or institution, give its NAME Instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, C 4 COLOR OR RACE DATE OF DEATH MARRIED, Married (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at ... 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE . (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, of HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death yrs. mos. Where was disease contracted THE ABOVE IS TRUE TO MX KNOWLEDGE usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting

[Approved by U. S. Census and American Public Health Association.]

... Grocery; (a) Foreman, (b) Automobile factory. The gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers (a) Spinner, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

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BINDING FOR RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

2260 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..

....Ward)

[it death occurred to a hospitat or institution, give its NAME instead of street and nomber.]

PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
3 SEX 4 COLOR OR Male While	RACE SINGLE, MARRIED. WIDOWED, ORDIVORED (Write the word)	16 DATE OF DEATH March	
6 DATE OF BIRTH	(((((((((((((((((((17 I HEREBY CERTIFY, 1	hat I attended decessed from
Stief from Man	1914 fonth) (Day (Year)	that I last saw hslivs on	, [91
7 AGEyrs	tt LESS than 1 day,hrs. 0Rmin.?	The CAUSE OF DEATH* was as follo	
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	pp. 200 - 24 14		
business, or establishment in which employed (or employer)		(Duration)yrsds.
9 BIRTHPLACE (State or country)	ueland	Secondary	
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Slagg rest ba Keyen	(Signed) They 17 14 , 191 (Address) *State the Disease Curve Dear	The state of the s
of MOTHER Vaca	Dans on	CAUSES, state (1) MEANS OF INJUR TAL, SUICIDAL, OF HOMICIDAL.	r; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)	waptown Md	At place to	the tate yrs, mos. ds
(Informant) 14. The Above is true to this	geabley, n. J.	It not at place of death?	
(Address)	er, Ill. Va	19 PLACE OF BURIAL OR REMOVAL	Mark 21, 1914
Filed May 7, 1914	STIC, Sels DREGISTRAR	20 UNDERTAKER Gordon	ADDRESS
If more bl	anks are needed, address State Regis	trar, 6 E. Franklin St., Baito., Requesting	V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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V. S. No. 1.

N. B.-

PERMANENT PLAINLY, WITH UNFADING INK-THIS IS A WRITE

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2261 1 PLACE OF DEATH STATE OF MARYLAND

Co	unty Calley any	CERTIFICATE OF DEATH
00	danity.	Registration Dist, No.
Vii	lage or City frothy (No. ,	It death occurred in
	FULL NAME	2 deren
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RAGE SINGLE, MARRIED, Manuel Wilder the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH	that I last saw have alive on the last saw have alive of the last saw have alive on the last saw have
7 A	GE (Month) (Day (Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a	CCUPATION) Trade, profession, or ricular kind of work.	Cophyseuc
bus	General nature of industry, siness, or establishment in ich employed (or employer)	Contributory Range Life
	10 NAME OF FATHER	Secondary (Boration)
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	Chal & 1914 (Address) Liggetting
PARE	12 MAIDEN NAME OF MOTHER LANGES Stewers	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14 .	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs, mos ds Where was disease contracted,
	(Informant)	If not at place of death? Former or osual residence.
15	(Address) Janley (Ca)	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1914
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>	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, totanus) may be stated under the head of Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," Always qualify all diseases resulting from "Senile," ctc.), (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "As-"Dropsy," "Exhaustion," etc. State cause for



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred in -Ward) a hospital or institution, give its NAME Instead of straat and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOBOR RACE 5 SINGLE. 1914 widowed. Worker (Write the word) (Month) (Day-(Year) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 dayhrs. The CAUSE OF DEATH was as follows: OR min. ? BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory. Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE 191 (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ds. State yrs. Whera was diseasa contracted. If not at place of death? Former or usuai residence. OF BURIAL OR REMOV DATE OF BURIAL 15 20 UNDERTAKER ABDRESS. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. cated thus: CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of person's engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial empioyments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the pisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As exampics: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Coutributory." injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; State cause for "Exhaustion,"



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PLACE OF DEATH	STATE OF MARYLAND
County Alleghany	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Cumberland (No. 1.7)	M. Hospital St.; Ward) [If death occurry a hospital or institution of the street of t
2FULL NAME Joseph a	Swann of street and nomi
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Colored (Write the word)	(Month) (Day (Ye
DATE OF BIRTH Oct 30-1884	march 23, 1914, to march 29, 11
(Month) (Day (Year)	that I last saw h mallye on march 29 11
TAGE It LESS than t day,hrs. ORmin, ?	and that death occurred on the date stated above, at
OCCUPATION	
(a) Trada, profession, or particular kind of work	Jacque Mar
(b) General natura of iodustry, business, or establishment in business, or establishment in which employed (or employer)	(Ouration) yrs mos /
BIRTHPLACE (State or country) Pelham, n-Curoling	Contributory Secondary
10 NAME OF alexander Iwann	(Signed) Tr. a. The we
T II BIRTHPLACE OF FATHER (State or country) (State or country) (State or country)	(ADDRESS)
12 MAIDEN NAME OF MOTHER STATES	
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	Al place In the
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
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DIN P	usual residence.
#Sharenshire	20 UNDERTAKER ADDRESS
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OF MOTHER State or country) 13 BIRTHPLACE OF MOTHER State or country) 14 THE ABOVE IS TBUE TO THE BEST OF MY KNOWLEDGE (informant) (Address) (Address) 1914 Filed 191 Fallowing M. Carolina (State or country) (Address) 1914 Filed 191 Filed 101 Filed 101	Contributory Secondary (Signed) March 3U, 191 (Address) *State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether tal, Suicidal, or Homicidal. 16 Length of Residence (For Hospitals, Institutions, Tor Recent Residents) Al place of death yrs. mos. ds. State yrs. mos. where was disease contracted, if not at place of death? Former or usual residence. 19 Place of Burial or Removal Date of Bu

[Approved by U. S. Consus and American Public Health Association.]

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.st.; 4 Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
CERTIFICATE OF	
Musch	(Day (Year)
(Month)	(Day (Year)
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on the date stated at	ove, at 18 9. m
was as follows:	
(Duration)	.yrs. 52 mos de
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(Address) Laurel	erland my
	deaths from Violen (2) whether Acciden
ICE (FOR HOSPITALS, IN	STITUTIONS, TRANSIENTS
In the	

18 LENGTH OF RESIDE OR RECENT RESIDENTS At place ot death _____ yrs. ___ mos. ___ ds. State yrs. ____ mos. __

Where was disease contracted. It not at place of death?....

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Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

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DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

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ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No .. If Beath occurred to a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 1914 WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I (Month) (Day (Year) 7 AGE If LESS than 1 day hrs. OR mln. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs. ___ mos. _ Where was disease contracted. If not at place of death? Former or usual residence.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WICOWEO, (Month) OROIVORCED Write the work I HEREBY CERTIFY. That I attended deceased from OF BIRTH alive on M. ces (Month) (Day TAGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----Contributory BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. If not at place of death?usual residence OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS RESISTRAR

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[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. The ness of various pursuits can be known. The question cated thus: CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) -Preelse statement of occupa-As examples: For persons "Foreman," the second (4)

Statement of cause of death—Name, first, the disease causino nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (uame origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Cou-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. The contributory tetanus) may be stated under the head Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



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PHYSICIANS should state of OCCUPATION is very of information should be carefully supplied. AGE should be st. DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. CAUSE OF I 1 PLACE OF DEATH

21	AILU	LW	TAKI	LAND	
CER'	TIFICA	TE	OF	DEATH	
	Registra	tion	Dist.	No.ZZ	
	St.	W	and)	[It death occur	rı

ed in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OROIVORCED (Write the word)	16 DATE OF DEATH March 24th, 1914 (Month) (Day) (Year)
March (Month) (Day) (Year)	HEREBY CERTIFY. That I stended deceased from March 1914, to March 2 4 1914 that I last saw him slive on March 2 7 1914
AGE It LESS than 1 day,brs.	and that death occurred on the date stated above, st. 3.300 m
yrs	Carmin the Beneritor Sight Manth of gestation yes mos 7 d
which employed (or employer) BIRTHPLACE (State or country) Westerns 214 Md.	Contributory Accenta free (Secondary) (Duration) yrs mos d
10 NAME OF FATHER SN Edgar Whl. 11 BIRTHPLACE OF FATHER (State or country) MA Savage Md 12 MAIDEN NAME OF STATE OF STA	(Signed) , M. (Morek 74; 1914 (Address) (1) Salar (2) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
13 BIRTHPLACE OF MOTHER BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In the of death
(Informant) It Gagas Ish	If not at place of death? Former or usual residence.
Filed May 4 191 f Allent	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MOY 2 1, 191 4 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Bealthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinological death of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Tuerperal septichaedent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as mia," "Tuerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Deblity" ("Conis less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Candeath), 29 Examples:



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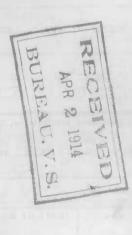
PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. of death occurred in a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Dav ORDIVERCED (Write the word) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory /// State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ., 191. (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) Yrs. Where was disease contracted usual residence. (Address)----with the state of 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are regied, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Novement of the second statement. the nature of the business or industry, and therefore an mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal '(a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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inus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Senilc," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County..... Registration Dist. No... Ilf death occurred inWard) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. widowed, ordivorced (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than that death occurred on the date stated above, at t day, hrs. mos..... OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs... Where was disease contracted, 14 THE ABOVE IS THUE If not at place of death? ---Former or (Intermant). usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF 15 20 UNDERTAKER ADDRESS If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N.B.

PLACE OF DEATH 2270	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Land (No. J. B.) 2 FULL NAME Estil & 2006	Scientification Dist. No. St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Word) B DATE OF BIRTH July 20, 1877	16 DATE OF DEATH March 30, 1914 (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1914, to March 30, 1914, that I last saw has allye on March 27, 1914
7 AGE (Month) (Day (Yedr) 2 1f LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment is which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE 14 BIRTHPLACE 14 BIRTHPLACE 15 BIRTHPLACE 16 BIRTHPLACE 17 BIRTHPLACE 18 BIRTHPLACE	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 16 Filed AR 3 0 191(5) Registrar	At place of death yrs mos. \(\triangle \) ds. State yrs, mos. \(\triangle \) ds Where was disease contracted, if not at place of death? Former or usual residence
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," ctc., without more precise specimine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only, when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichaectc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County.. Registration Dist. No Ilt death occurred la a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWEO, (Month) (Day Write the word I HEREBY CERTIFY: That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. OR min. ?mos..... BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OT HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. if not at place of death?.. usual residence DATE OF BURIAL ADDRESS Filed.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of...... (name origin; "Canctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BUREAU. V.S.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution, give Its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIEO. WIDOWED, (Month) (Day (Year) ORDIVORCED CONTRACTOR I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Dav 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) 9BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 2.7.191... (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE A1 place In the OF MOTHER (State or country) of death yrs. mos. State Where was disease contracted, MYKNOWLEDGE If not al place of death?. Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

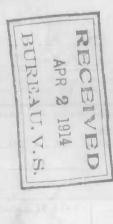
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specicated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the Americau Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing (secondary or intercurrent) death), 29 ds.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should atate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED FOR MARGIN

PLACE OF DEATH 2273 County allegang	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City Cumbuland (No. all FULL NAME Dand he ?	Yhetstone Ward) [If death occorred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended decessed from
ODATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than	that I last asw ham slive on mal 13 1914
© OCCUPATION (a) Trado, profession, or particular kind of work (b) General nature of Industry, Units as RA	and that death occurred on the date stated above, at 1120 m. The CAUSE OF DEATH* was as follows:
business, or establishmonf in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF	Contributory (Secondary) (Doration) yrs. mos 5 ds.
FATHER Pitu Whitstone 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) China Called Lag *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. He mos. & ds. State yrs. mos. ds. Where was disease contracted,
Informant) Frankrd whethere	Former or usual residence. Joseph March St.
Filed (Address) 16 MAR 14 1014 Fredamy Registran	Trostburg, 19d, March 15191 49 20 UNDERTAKER CO AND CONTROL OF THE PROPERTY
	6 E. Franklin St., Balton, Regisering V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinosis of lungs, meninges, pertionacum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Potsoned Accidental drowning; Struck by railway train-acotsuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUBY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.; oma. Sarcoma. etc., of _______ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for 10



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... If death occurred in a hospital or institution, give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, CA ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the data stated above, at... t day hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF ATHER 11 BIRTHPLACE (Address) ARENT OF (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, SUICIDAL, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ____ yrs. __ mos. _ Where was disease contracted. OF MY KNOWLEDGE If not at place of death? usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 29 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons statement. Never return "Laborer," the nature of the business or industry, and therefore an For many occupations a single word or term on the who have no occupation whatever, write Norte. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," etc., without more precise specimaterial worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman,"

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cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Hacmorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor", for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For VIO-

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... lif death occurred in a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 3/0f.m. 1 day,.....hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE March 14 (191 4 (Address) Longer OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. Where was disease contracted. If not at place of death?.... Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL 16 20 UNDERTAKER ADDRESS REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the nisease (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," engineer, (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonacum, etc., Carcin-

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STATE OF MARYLAND CERTIFICATE OF DEATH

egistration Dist.	No.
St.; (Ward)	[it death occurred in a hospital or institution give its NAME insteat of street and number.]
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MEI	DICAL CERTIFICATE OF DE	ATH
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(Signed) *State the DISE CAUSES, state (1) TAL, SUICIDAL, OF	Duration) 1 (Address) EASE CAUSING DEATH, or, in d) MEANS OF INJURY; and (2) HOMICIDAL. SIDENCE (FOR HOSPITALS, INSTI	eaths from Violent) whether Acciden-
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*State the DISE CAUSES, state (1) TAL, SUICIDAL, OT 18 LENGTH OF RES OR RECENT RESIDE	EASE CAUSING DEATH, OR, In do MEANS OF INJURY; and (2) HOMICIDAL. BIDENCE (FOR HOSPITALS, INSTI- ENTS) In the Tracted Gs. State	mos ds. M. D. Leelland MA leaths from Violent) whether Accident TUTIONS, TRANSIENTS.

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL perilonitis," etc. State cause for affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequenees (e. g., by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: Accidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PERMANENT EXACTLY. classified. pe should THIS properly AGE pe UNFADING may carefully that 80 terms. should plain Information 2 DEATH 5 Hem OF

STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION is Registration Dist. No Ilf death occurred in .Ward) a hospital or institution, give its NAME Instead of sfreet and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 30 MARRIEO. WIDOWED, Mare (Day ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY. That I attended decessed from OF BIRTH mch. 30 (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day,.....hrs. DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of industry. business, or establishment im which employed (or employer) certificate. Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) Jo back 11 BIRTHPLACE (Address) Lucus ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. E O 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) State Where was disease contracted. THE ABOVE IS TRUE TO If not at place of death?. usual residence. Important. Every It DATE OF BURIAL (Address)..... 16 Elintetons! ADDRESS 0 REGISTRAN

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; cated thus: CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Forcman,"

Statement of cause of death—Name, first, the disease causing death is already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucksis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 22 1914

EUINMAU. V.S.

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1 PLACE OF DEATH state Very Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Month) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day hrs. was as follows: .mos OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER (Signed) 90 back 11 BIRTHPLACE ARENT OF FATHER (State or country 60 12 MAIDEN NAME Instructions OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) Where was disease contracted 14 THE ABOVE If not at place of death? Important. usual residence OR REMOVA 16 REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

It death occurred la a hospital or lostitution, give its NAME instead

of street and number.]

MEDICAL CERTIFICATE OF DEATH

1912 (Day (Year) I HEREBY CERTIFY, That I sttended deceased from and that death occurred on the dats stated above, at

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

48 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

DATE OF BURIAL

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[Approved by U. S. Census and American Public Health
Association.]

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